

ANNUAL REPORT OF THE DEPARTMENT OF THE INTERIOR FOR THE
FISCAL YEAR ENDING MARCH 31, 1910.

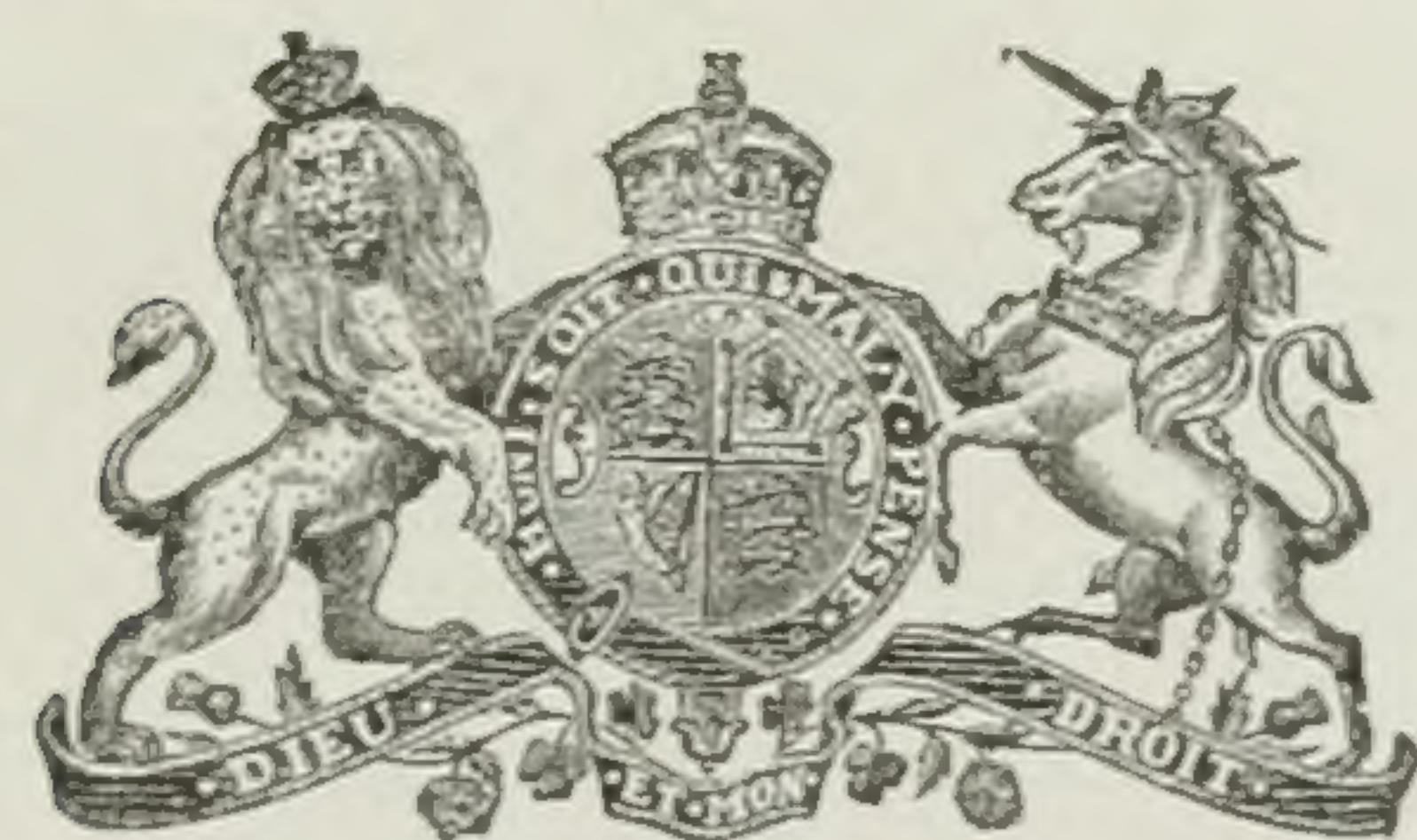
REPORT

OF

DR. P. H. BRYCE

CHIEF MEDICAL OFFICER

APPENDIX TO REPORT OF THE SUPERINTENDENT OF IMMIGRATION



OTTAWA

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APPENDIX TO REPORT
OF THE
SUPERINTENDENT OF IMMIGRATION

PART II, ANNUAL REPORT, DEPARTMENT OF THE INTERIOR

REPORT OF THE CHIEF MEDICAL OFFICER

OTTAWA, March 31, 1910.

The Superintendent of Immigration,
Ottawa.

SIR,—I have the honour to transmit my annual report relating to the medical inspection of immigrants.

The inspection carried on in past years at the various seaports has been continued and has been extended through making Prince Rupert a station having its agent and medical officer, and facilities for the regular inspection of the increasing number of immigrants arriving at that port. The monthly reports received since October, 1909, indicate the importance of the inspection at this port, which is the gateway to the Skeena River district and other settlements in the vicinity. The medical officer reports that the town, which in June, 1909, had some 500 inhabitants, has now a population of 5,000. The incomers consist of settlers from the United States, many of whom have money and have invested in property, while others are mechanics, miners and labourers from Great Britain and northern Europe. This officer mentions the fact that immigrants from southern Europe are especially needed, in view of the labour supply, required in railway construction, quoting the chief railway contractors to the effect that these men, required for labouring on the railway grade, are superior to Americans, Canadians or northern Europeans.

It is interesting to note that the steamship companies trading from United States ports to Prince Rupert cause all Prince Rupert passengers to be examined at such ports as Seattle, by medical officers, before selling them transportation, thereby lessening the cost of carrying back rejected persons.

Besides this extension of inspection there has been an increased supervision of immigrants at all points along the American border, the necessity for which has been referred to in previous reports.

As was remarked in my last report regarding the inspection at points in British Columbia, 'other questions both moral and social are intimately associated with the physical health of a class of immigrants who have been essentially drifters from one mining camp to another or one railway to another in the United States.' 'As the class of labour supplied by them is there constantly in demand, it would appear that

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until supplied from elsewhere, the situation requires that through inspection the unfit and undesirable should be weeded out.'

In addition to the customs officers who are, under the Act, ex officio immigration officers, some 40 additional inspectors have been appointed to operate at the different railway and steamboat crossings between the United States and Canada. They are not medical men and are especially empowered to inspect regarding civil and social qualifications; but they are also further required, as under the Quarantine Act, to take action in any case where for physical reasons an immigrant might be undesirable. In such cases they detain the person until he has been examined by some medical officer of the department.

The routine medical inspection established since 1903, at Quebec, Halifax and St. John, has been carried on during the past year with increasing exactness and effectiveness. The organized efforts to insure that from the medical standpoint only the physically fit shall become citizens of Canada are found to have extended to the farthest confines of Europe, and the arrangements which exist from the eastern limits of Germany to Italy to sift immigrants, are of the most remarkable and complete character. While it has been always recognized that perhaps the most active agents in stimulating emigration have been the steamship companies, yet it is equally plain that countries such as Germany and England through which emigrants pass on their way to America, are equally interested on the one hand to see that contagious diseases are not introduced during transit therein, and on the other hand that the great financial interests engaged in the shipping trade shall not through any act or negligence on their part cause restrictive legislative measures to be taken in those countries to which the emigrant goes, which would injure a business, so difficult to build up and yet so profitable when once established. This position is fully illustrated by the splendid conveniences existing at Antwerp, Rotterdam, Bremen, and especially at Hamburg, for the protection, housing and supervision of emigrants. At present relatively few German emigrants come to America; but instead there is a continuous stream through these ports of Russians, Poles, Roumanians and other peoples. At the borders of Germany are detention houses on both sides of the boundary, and the first examination, medical and civil, of emigrants is begun there. In all there are depots at 14 different points on the German border where inspection takes place.

Those admitted are all transported to a central depot at Ruhlchen, not far from Berlin, where they are re-examined and distributed for transportation to the several seaports from Hamburg to Antwerp.

The emigrant barracks in Germany are especially fine, the steamship companies, as the Hamburg-American, having, by direction of government, to obtain ground, erect buildings and equip them in every way for the residence of intending emigrants. At Hamburg, the residences consist of a series of permanent separate buildings of one story, well constructed with adequate lavatory and sanitary conveniences, and simply but adequately furnished, in which the various nationalities and classes of emigrants are carefully separated. The floors are of the most sanitary character, the sewage is all gathered to one septic tank and carefully disinfected before delivery into the River Elbe, while each arrival of emigrants is treated to a spray bath and their clothing disinfected in a superheated steam apparatus. A daily inspection by expert medical men is made of every emigrant awaiting his ship, both as regards his general health and the condition of his eyes. Unvaccinated emigrants are vaccinated, so far as possible, while any cases of contagious disease are at once sent to the several wards for different diseases in an isolation hospital, on ground apart from the general emigration buildings. Superior buildings are also erected for second-class passengers, these having separate family quarters and conveniences in modern dressing rooms, where every reasonable comfort is provided. Pretty lawns and flower gardens adorn the grounds, while even a band is constantly on the grounds to regularly entertain, day by day, the emigrants awaiting their ships. The usual charge to an emigrant is 50 cents

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Class of Disease.	Cause of Detention.	Number Detained.	Number Released.	Number Debarred.	Number still in Hospital.
VII.—Digestive system.	Hernia	20	5	14	1
	Enteritis	2	2	.....	.....
	Diarrhoea	2	*2	.....	.....
	Jaundice	1	1	.....	.....
	Gastritis	1	1	.....	.....
	Totals	26	11	14	1
VIII.—Genito-Urinary system	Syphilis	5	.....	5	.....
	Gonorrhœa	1	.....	1	.....
	Hydrocele	2	2	.....	.....
	Totals	8	2	6	.....
IX.—The skin	Psoriasis	3	1	2	.....
	Disease of skin	7	7	.....	.....
	Scabies	6	5	1	.....
	Impetigo	5	4	1	.....
	Tinea	7	7	.....	.....
	Eczema	3	3	.....	.....
	Sycosis	4	3	.....	1
	Totals	35	30	4	1
X.—Malformation and diseases of old age and infancy	Senility and debility	9	6	3	.....
	Abscess	12	12	.....	.....
	Deaf and dumb	7	5	2	.....
	Club foot	1	1	.....	.....
	.....	8	3	5	.....
	Totals	37	27	10	.....
XI.—Accidents	Dislocation of hip	2	2	.....	.....
	Lameness	1	1	.....	.....
	Fractured hip	2	2	.....	.....
	For operation	1	1	.....	.....
	Loss of leg	4	2	1	1
	Fracture of arm	1	1	.....	.....
	Injury to spine	2	2	.....	.....
	Broken leg	3	1	.....	2
	Fractured patilla	1	.....	1	.....
	Injured on board	5	4	.....	1
	Loss of hand	1	.....	1	.....
	Totals	23	16	3	4
XII.—Ill-defined causes.	Physical debility	13	3	10	.....
	High temperature	21	17	4	.....
	Disease of hip	2	.....	1	1
	Sick	1	*1	.....	.....
	Otitis	3	2	.....	1
	Ankylosis	1	1	.....	.....
	Totals	41	24	15	2

* Died.

The above table may be regarded as a barometer of immigrant health, and an index of the thoroughness with which inspection, whether at foreign ports or Canadian, is carried on, the increase in the detentions on account of disease being 50 per cent over the last fiscal year.

The detentions in Class I. show the generally effective character of the inspection prior to sailing and of subsequent inspection at the Canadian quarantine. One case of smallpox, not included in the list, was detected at Quebec after having passed quarantine, and was sent back on the ship to Grosse Isle. Measles has commonly occurred in children detained with parents for some other cause, and while few in number these cases very well illustrate how amongst children exposed on shipboard and not detained, there is always danger of their carrying disease to inland points, as occurred this spring at Winnipeg.

As regards Class II. of constitutional diseases, the total cases in a young and vigorous lot of immigrants, who have been already inspected, will always be small, alcoholism having 10 and tuberculosis 12. The latter is less by 6 than last year. Obvious cases of tuberculosis are thus seen to be very few, and while the very general prevalence of the disease in all temperate climates makes it certain that cases of this disease will be discovered, in proportion to the minuteness of the examination, it is evident that great care is being exercised at European ports to prevent evident cases of this disease from taking passage.

Class III. contains eye diseases, and the 824 cases of trachoma detained, as compared with 456 last year, show that in spite of the inspection in Europe, the number of cases discovered at the end of the voyage is very considerable, being 1 in 161 passengers. These figures only accentuate what has been already said regarding ship conditions, since with the trachoma are associated 227 cases of conjunctivitis. That, however, many of the cases of trachoma were chronic is found in the fact that 413 cases of trachoma were debarred owing to the length of time their treatment would take. It is further noted that a large number were sent to hospital for observation of eyes, which would place most of them under the heading of conjunctivitis. In all 445 persons were debarred on account of eye conditions.

Class IV., which has an ever-increasing interest, shows that abroad as at our own seaports, great care is exercised to prevent persons of this class of insane or feeble-minded from emigrating. This year, although the total immigration has been much greater, there have been only 15 or the same as last year of insane detained, of whom 11 were debarred. Of the allied class of feeble-minded, more, however, have been detained, there being 52 as compared with 37, of whom 31 were debarred. Of epileptics detained, 2 were debarred.

Under Class V. there were debarred 5 only of 8 cases of heart disease, and 1 case of goitre, while of the diseases of respiration in Class VI., 24 were detained but only 2 were bebarred.

Class VII. showed a quite unusual number of cases of hernia, 20 in all, of whom 14 were bebarred, but very few other cases, while diseases under Class VIII. were exceedingly rare in so large a number.

Class IX., including diseases of the skin always indicates in the number held the measure of strictness in European inspection. Not fatal diseases, it might be supposed that medical inspectors there would view them with indifference; but for diseases that are usually obvious to the eye, 35 is a very small number, and there was not amongst them one case of favus. Similarly, only 37 were detained on account of physical defects, as malformations, &c., under which heading is placed 'abscess,' improperly, perhaps, of which there were 12 cases.

Only 3 persons were debarred on account of senile debility, 2 for deafness and 5 for spinal curvature.

Class X., including accidents, and Class XI. ill-defined causes, contain their usual quota, of whom only 3 were deported for accidents and 10 for physical debility; 5 only of all detained are reported as having died.

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How secure Canada has been made by the second line of medical inspection after the outer quarantine, may be judged from the following table, showing the total cases of detained during six years on account of acute contagious diseases.

Disease.	1904-5.	1905-6.	1906-7.	1907-8.	1908-9.	1909-10.
Scarlet fever.....					1	
Diphtheria.....		2				
Quinsy.....		1				
Chickenpox.....			1			2
Measles.....	1	19	4	18	10	17
Erysipelas.....				1	3	1
Typhoid.....			1	2	1	1
Mumps.....			1	1		
	1	22	7	22	15	21

It is remarkable testimony to the thoroughness of the inspection, that until the past year, when there was one, not a single case of smallpox had gained admission in six years through the line of medical inspection to the interior of Canada. This is all the more remarkable inasmuch as the quick passage from Great Britain makes it easily possible for an inoculated person to have arrived in Quebec well, and to have even reached Winnipeg, before the incubation period of the disease has passed. The generally vaccinated character of the British population and the re-vaccination on shipboard of all immigrants, materially assist in explaining this immunity. It is unfortunate that as yet no such methods of securing immunity have been evolved for measles, the cause of the greater part of the mortality among the children of immigrants.

The total deported for medical reasons in 1909-10 was 212, as compared with 464 in the previous year, as shown by the following statement:—

	1908-1909.	1909-1910.
Deafness	4	
Rheumatism.....	15	8
Tuberculosis.....	54	30
Mentally weak.....	1	9
Physically unfit	11	4
Epilepsy.....	22	8
Heart disease.....	13	4
Insanity.....	113	95
Varicose veins.....	6	
Cripple	11	
Paralysis	4	3
Imbecility.....	35	1
Insomnia.....		1
Defective sight.....	11	
Bladder trouble.....	1	1
Syphilis.....	4	2
Bronchitis.....	1	
Trachoma	1	2
Hernia	2	
Muscular atrophy.....		2
Cancer	2	
Blindness.....	3	
Alcoholism	27	
Diabetes.....	2	
Abscess.....	2	2
Injured	6	1
Senility	10	3

	1908-1909.	1909-1910.
General debility	86	23
Bright's disease	3	
Curvature of spine	1	
Fistula	1	
Gataract	1	
Malaria . . . . .	..	2
Pregnancy . . . . .	..	3
Rupture	6	
Potts' disease	2	
Paresis	1	
Anaemia	1	
Eczema	1	6
Idiocy . . . . .	..	2
	464	212

The fact that there were 252 fewer deportations in 1909-10 than in 1908-9, amply justifies the conclusion that from the moment of the initial step taken by the intending emigrant, whether in Great Britain or on the continent, the inspection carried out whether by transportation companies, foreign government medical officers, or those of the Canadian Immigration service, is such as to bring into Canada a class of immigrants who, so far as disease is concerned, will compare more than favourably with any similar number of our population. The study made of the insane in immigrants last year demonstrated this very fully, as indeed a similar study in 1908 showed the remarkable freedom from tuberculosis in immigrants resident in this country less than two years. Unfortunately, the studies made, whether of Jewish, Italian or Polish immigrants in the United States, show that in the great cities at least seventy-five per cent of these people were crowded, and that their declension in the matter of health and notably in the increase of tuberculosis is both rapid and fatal.

It does seem as if the duty of society at large in Canada, in regard to the immigrant, whether in the city or rural part, who has come to add to our wealth through his industry, requires to be more widely comprehended, and that the potency of sympathetic interest in him as regards his education, housing and fair treatment by employers toward making him a good citizen, should be more widely realized; while the evils that may grow out of a large number of persons domiciled amongst us of alien birth and speech, having social customs foreign to those of Canadians and ethical standards deemed lower than those of our own people, must be recognized by the citizens of Canada generally, if we are going to produce the highest national life of our people, in which it will be seen by next year's census the foreign born forms a notable percentage of the total population of Canada.

Your obedient servant,

PETER H. BRYCE,

Chief Medical Officer.

